RECEIVED

2012 AUG 13 AM 8: 06

Committee Name:	FEC MAIL CENTER
INDIANA HORSE ASSOCIATION	
If registered, FEC ID:	
Today's Date:	
08/08/2012	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: Caramante, Treasurer

12030873350

FEC FORM 1

STATEMENT OF ORGANIZATION

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						FINE OSENDALL CENTER
NAME OF COMMITTEE (in formall)	((Check if name is changed)		nple:If typing, type the lines.	12FE4M5	
INDIANA H	ORȘĘ A	SSOCIAT	ION _			
				 		
ADDRESS (number and	street)					
(Check if addi	ress					
	<u>L.</u>		.111			
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Plea					
(Check if ad	int Idress	orseasso	ciatio	n@gmail.co	<u>m</u> , , , ,	
is changed)	L					
COMMITTEE'S WEB P	AGE ADDRESS	(URL)				
		lianahorse	easso	ciation.tumb	ılr.com	
(Check if ad is changed)	aress					
2. DATE						
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Julie Caramante						
Signature of Treasurer Date 08" / 08" / 2012						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use			İ	For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC For	m 1 (Revised 02/2009)	Page 2
	TYPE OF CO	DMMITTEE	
		Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>ı</i> .)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com	mittee:	
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
•	Political Ad	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
			-
		Corporation ··· Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Cooperative
	_	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Loobyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
,	Joint Fund	raising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/arganizations, at least one of which is an authorized committee of a federal candidate	
((h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Comr	mittees Participating in Joint Fundraiser	
		regional design of the control of th	· · · · · · · · · · · · · · · · · · ·
	1.	FEC ID number C	
	2.	FEC 1D number C	
	3.	FEC ID number	
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FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
INDIANA HORS	SE ASSOCIATION	
6. Name of Any Connected	Organization, Amiliated Committee, Joint Fundralsing Representa	tive, or Leadership PAC Sponsor
,None;		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repres	
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the	he person in possession of committee
Full Name Paula	a Bacon	
Mailing Address	1504 S. Houston Street	
	[Kaufman] [TX	75142
Title or Position	CITY STATE	ZIP CODE
Custodian of Re	cords Telephone number	972 [824 [1073]
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commi assistant treasurer).	ittee; and the name and address of
Full Name of Treasurer	Caramante, , , , , , , , , , , , , , , , , , ,	
Mailing Address	1504 S. Houston Street	
	Kaufman TX	75142 zip code
Title or Position Treasurer	Telephone number	281, 766, 4040

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1	FEC Form	Page 4			
	Full Name of Designated Agent	Paula Bacon			
	Mailing Address	1504 S. Houston Street			
			TX		
	Title or Position Assistant T	reasurer Telephone number	. 972, - 824, - 1073,		
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
		JPMorgan Chase Bank	11111111111		
	Mailing Address	811 Preston Road			
		[Dallas]	ΓX [75525] -		
		CITY ST.	TATE ZIP CODE		
	Name of Bank, D	Depository, etc.			
	Mailing Address		<u> </u>		
		CITY ST	TATE ZIP CODE		

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER